

| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | Application or Docket Number 10/017586 | | |
|--|---|---|------------------|---------------------------------|---|------------------|------------------------|
| CLAIMS AS AMENDED - PART II | | | | | OTHER THAN SMALL ENTITY | | |
| A. Ne | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY OR SMALL ENTITY | OTHER THAN SMALL ENTITY | | |
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | |
| Total | * 25 | Minus | ** 25 = 0 | X\$ 9= | X\$18= | | |
| Independent | * 3 | Minus | *** 3 = 0 | X43= | X86= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +140= | +280= | |
| | | | | | TOTAL ADDIT. FEE | TOTAL ADDIT. FEE | |
| 2-28-05 | | | | | | | |
| AMENDMENT | (Column 1) | (Column 2) | (Column 3) | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| Total | * Minus | ** | = | X\$ = | | X\$ = | |
| Independent | * Minus | *** | = | X = | | X = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + = | + = | + = |
| | | | | | TOTAL ADDIT. FEE | TOTAL ADDIT. FEE | |
| AMENDMENT | (Column 1) | (Column 2) | (Column 3) | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| Total | * Minus | ** | = | X\$ = | | X\$ = | |
| Independent | * Minus | *** | = | X = | | X = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + = | + = | + = |
| | | | | | TOTAL ADDIT. FEE | TOTAL ADDIT. FEE | |
| AMENDMENT | (Column 1) | (Column 2) | (Column 3) | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| Total | * Minus | ** | = | X\$ = | | X\$ = | |
| Independent | * Minus | *** | = | X = | | X = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + = | + = | + = |
| | | | | | TOTAL ADDIT. FEE | TOTAL ADDIT. FEE | |
| AMENDMENT | (Column 1) | (Column 2) | (Column 3) | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| Total | * Minus | ** | = | X\$ = | | X\$ = | |
| Independent | * Minus | *** | = | X = | | X = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | + = | + = | + = |
| | | | | | TOTAL ADDIT. FEE | TOTAL ADDIT. FEE | |
| <ul style="list-style-type: none"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3." <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> | | | | | | | |